•	PE	PART B	- FEE(S) TRA	NSMITTAL		
Complete and send His form, together with applicable fee(s), to: Ma			or Fax	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885		
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	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23117 7590 01/26/2006			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
24/2006 CNEGA2 00000	007 09936175					(Depositor's name)
C:1501	1400.00 OP					(Signature)
C:8001	30.00 OF				***	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/936,175	09/10/2001	Richard B Ware		·d	36-1485	9578
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1400		\$0	\$1400	04/26/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	1	
NGUYEN BA, HOANG VU A		2192		717-124000	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (prin	t or type)		
	s an assignee is identified be n 37 CFR 3.11. Completion				nee is identified below, the	document has been filed for
(A) NAME OF ASSIGN		•) RESIDENCE: (C	TY and STATE OR CO	UNTRY)	
	ecommunication	s				
public limi	ted company		London, l	England		
	e assignee category or catego	ries (will not be pr	inted on the patent)	: Individual C	orporation or other private g	roup entity Governmer
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s)			
X Issue Fee				amount of the fee(s) is en		
	small entity discount permitte			dit card. Form PTO-203		
🔀 Advance Order - # o	f Copies <u>Ten (10)</u>		The Director is	hereby authorized by o	charge the required fee(s), or	r credit any overpayment,

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Authorized Signature

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

5. Change in Entity Status (from status indicated above)

April 21, 2006 Date

Y.

41,426 Registration No.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Raym#nd Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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